

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

Jan. 9, '37. No. 1859-b.

1 PLACE OF BIRTH { Worcester (COUNTY) Southboro (CITY OR TOWN) NO. _____ STREET _____ WARD _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) }		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS DELAYED CERTIFICATE OF BIRTH Registered No. _____ Deposition No. _____	
2 FULL NAME OF CHILD Margaret Alexandria Ogg			
3 Sex F	4 If plural Births	(a) Twin, triplet or other _____ (b) Number, in order of birth _____	5 Born ALIVE or STILLBORN Alive
3a Color	6 Date of Birth February 7, 1904 (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME Alexandra Ogg		13 MOTHER MAIDEN NAME Mary Jane Gray PRESENT NAME Mary Jane Ogg	
8 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN Southboro, STATE Mass.		14 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN Southboro STATE Mass.	
9 COLOR OR RACE White	10 AGE AT LAST BIRTHDAY 35 (YEARS)	15 COLOR OR RACE White	16 AGE AT LAST BIRTHDAY 33 (YEARS)
11 PLACE OF BIRTH Banffshire, Scotland (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Banffshire, Scotland (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Gardener		18 OCCUPATION Housewife	
19 Attendant at birth or informant Unknown (If there was no physician or attendant, draw line through "attendant at birth or") Address No. Unknown St. _____ (City or town)			
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth. (Month) February 26 (Day) 18 72 (Year)			
21 Deponent Name Mrs. Frank Atkinson City or town 75 Washington St., Concord, N. H. Relation to child Aunt	22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: Cornelia R. Lamb REGISTRAR Southboro (City or town)		
SEE REVERSE SIDE FOR AFFIDAVIT			

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. . . EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

State of New Hampshire

AFFIDAVIT

~~THE COMMONWEALTH OF MASSACHUSETTS~~

COUNTY OF

ss.:

Mrs Frank Atkinson

being duly sworn, deposes and says that she resides at 75 Washington St., Concord, N. H

that deponent has knowledge of the birth of Margaret Alexandria Ogg
named on the reverse side of this blank, that he is the person who furnished the facts on the reverse side of
this blank, mailed or delivered on 19, to the office of the Town
(City or town clerk or registrar)

of the Town of Southboro The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by
law was as follows: Reason Unknown.

The written evidence submitted to substantiate the affidavit was:
Record from Woburn Public Schools.

(Signed)

Mrs Frank Atkinson

Sworn to and subscribed before me,
this 23d day of March 1942

My Commission Expires
February 11, 1947

Margaret A Spencer
(City or town clerk, assistant clerk, or registrar)
Notary Public

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Jan 1 1904
Full Name of Child, . . .	Howard Geraway
Sex, Color and if Twin, .	Male White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	Herbert Geraway
Maiden Name of Mother, .	Minnie Goodrow
Residence of Parents, . .	Layville Mass
Occupation of Father, . .	Laborer
Birthplace of Father, . . .	Nova Scotia
Birthplace of Mother, . .	Nova Scotia

Dated at Ashland Jan 2 1904

Signature and residence	} D. M. Wood md
of person making return.	
	Ashland Mass

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Feb. 23 1904
Full Name of Child, . . .	Georgie Lalonde .
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	John Lalonde .
Maiden Name of Mother, . .	Nellie Dole .
Residence of Parents, . . .	Southboro Mass.
Occupation of Father, . . .	Farmer .
Birthplace of Father, . . .	Canaan .
Birthplace of Mother, . . .	Mass .

Dated at Southboro Mass Feb 29 1904

Signature and residence
of person making return. }

Harriet Bacon
 Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Feb. 28 1904
Full Name of Child, .	Cynthia Johnston
Sex, Color and if Twin, .	Female White
Place of Birth,	Southboro Mass
Full Name of Father, .	Nelson Thompson Johnston
Maiden Name of Mother, .	Cynthia Henrietta Tingley
Residence of Parents, . .	Southboro Mass
Occupation of Father, . .	Farmer
Birthplace of Father, . .	Maine
Birthplace of Mother, . .	N. B.

Dated at Feb 29 Ashland Mass 1904

Signature and residence
of person making return. }D. M. Wood MD
Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	March 28. 1904
Full Name of Child, . .	Ethel May Lincoln
Sex, Color and if Twin, .	Female White
Place of Birth,	Southboro Mass
Full Name of Father, . .	Harry R. Lincoln
Maiden Name of Mother, .	Grace Hawkins
Residence of Parents, . .	Southboro Mass
Occupation of Father, . .	Deputee
Birthplace of Father, . .	Colorado
Birthplace of Mother, . .	Putnam Conn.

Dated at Southboro Mass. March 30 1904Signature and residence
of person making return.

}	<u>Lowell Bacon</u>
	<u>Southboro Mass</u>

See Deposition #5
(Correction) #1

Form A.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	March 31 1904
Full Name of Child, . . .	Rosa Bonazola
Sex, Color and if Twin, . .	Female, White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	Charles Bonazola
Maiden Name of Mother, . .	Catharine Brateana
Residence of Parents, . . .	Southboro Mass
Occupation of Father, . . .	Laborer
Birthplace of Father, . . .	Italy
Birthplace of Mother, . . .	Italy

Dated at Ashland Mass June 1 1904

Signature and residence
of person making return. } D. M. Wood MD
Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	April 17. 1904
Full Name of Child, . .	Corinela Cippalo
Sex, Color and if Twin, .	Female white
Place of Birth,	Fayville Mass
Full Name of Father, . .	Munichilo Cappalo
Maiden Name of Mother, .	Rosa Goviore
Residence of Parents, . .	Fayville Mass.
Occupation of Father, . .	Labour
Birthplace of Father, . .	Italy
Birthplace of Mother, . .	Italy

Dated at Southboro Mass April 20 1904
 Signature and residence
 of person making return.

 } Joseph Bacon
Southboro Mass.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

April 19 1904

Full Name of Child,

Sex, Color and if Twin,

Male. White

Place of Birth,

Southboro ^{Concordville} Mass

Full Name of Father,

Daniel O Kelly

Maiden Name of Mother,

Julia M. Calenan

Residence of Parents,

Southboro Mass

Occupation of Father,

Watchman

Birthplace of Father,

Hopkinton } Mass

Birthplace of Mother,

Marlboro } Mass

Dated at

Ashland Mass Apr 20 1904

Signature and residence
of person making return. }D. M. Wood MD
Ashland Mass

Duplicate

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK.

ALL NAMES TO BE IN FULL.

Date of Birth . . .	<i>May 6, 1904</i>	
Full Name of Child .	<i>Charles H. Taylor</i>	
Sex, Color and if Twin	<i>Male, white</i>	
Place of Birth . . .	<i>Southboro</i>	Ward
	Street and Number	
Full Name of Father .	<i>Harry A. Taylor</i>	Age
Maiden Name of Mother	<i>Minnie E. C. Brown</i>	Age
Residence of Parents .	<i>Southboro</i>	Ward
	Street and Number	
Occupation of Father .	<i>Carpenter</i>	
Occupation of Mother .	<i>At Home</i>	
Birthplace of Father .	<i>Iowa Scotia</i>	Age
Birthplace of Mother .	<i>Northbridge Mass.</i>	Age

Dated at Marlborough *July 12* 191*7*

Signature and residence of
person making return and
in attendance at birth.

W. Smith M.D.
Marlboro Mass.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	May 15. 1904
Full Name of Child, . . .	Charlie Delaney
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	John W. Delaney
Maiden Name of Mother, . .	Margaret Carey
Residence of Parents, . . .	Southboro Mass
Occupation of Father, . . .	Laborer
Birthplace of Father, . . .	New York U.S.
Birthplace of Mother, . . .	Boston Mass

Dated at Southboro Mass. May 24 1904

Signature and residence
of person making return.

{	Howell Bacon
	Southboro Mass



[Under provisions of Chap. 29 of Revised Laws, 1902.]

RETURN OF A BIRTH TO THE CITY REGISTRAR,

5 OLD COURT HOUSE, BOSTON, MASS.

Date of Birth,

June 22

190

X

Surname,

Newton

Christian name,

Stephen Briggs Newton

Middle name in full.

Sex, Male or ~~Female~~

White or ~~Colored~~

Place of Birth, }
St. and No., }

Fayville Mass. Wd.

Present Residence }
of Parents, }

" " Wd.

Full Name }
of Father, }

Allston W. Newton

Christian and }
Maiden Name }
of Mother, }

Hannett Piller

Occupation of }
the Father, }

Sailor

Father's Birthplace, }
Town and State, }

Boston Mass

Mother's Birthplace, }
Town and State, }

Boston Mass

W. E. Briggs

M.D.

Residence,

*482 Columbia Road
Boston*

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

July 15th 1904

Full Name of Child,

Sex, Color and if Twin,

Place of Birth,

Southboro^(Fayville) Mass

Full Name of Father,

Uteuti Sidis

Maiden Name of Mother,

Rosa Charlie

Residence of Parents,

Southboro Mass

Occupation of Father,

Laborer

Birthplace of Father,

Italy

Birthplace of Mother,

Italy

Dated at

Ashland Mass July 16 1904

Signature and residence
of person making return.

D. M. Wood Md

Ashland Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	July 18 1904
Full Name of Child, . .	
Sex, Color and if Twin, .	Female, White
Place of Birth,	Southboro ^{Fam. Mass}
Full Name of Father, . .	Antonio Cessini
Maiden Name of Mother, .	Mary Malchiadi
Residence of Parents, . .	Southboro Mass
Occupation of Father, . .	Laborer
Birthplace of Father, . .	Italy
Birthplace of Mother, . .	Italy

Dated at Ashland Mass July 19 1904

D. M. Wood M.D.

Signature and residence
of person making return.

Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Sept- 17. 1904
Full Name of Child, . . .	Francis Sears
Sex, Color and if Twin, . .	Female White
Place of Birth,	Fryville Meas
Full Name of Father, . . .	B. Sears
Maiden Name of Mother, .	Ruffil-Tennis
Residence of Parents, . . .	Fryville Meas
Occupation of Father, . . .	Laborer
Birthplace of Father, . . .	Italy
Birthplace of Mother, . . .	Italy

Dated at Southboro. Meas. Oct 17 190 4

Signature and residence
of person making return.

Howell Bacon
Southboro Meas

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Sept- 29. 1904
Full Name of Child, . . .	Charles Elphus Smith
Sex, Color and if Twin, . .	Boy White
Place of Birth,	Fayville Mass.
Full Name of Father, . . .	Nathaniel F. Smith
Maiden Name of Mother, . .	Abbie Herrick
Residence of Parents, . . .	Fayville Mass.
Occupation of Father, . . .	Laborer.
Birthplace of Father, . . .	Southboro Mass.
Birthplace of Mother, . . .	Stour Mass

Dated at Southboro Mass. Oct-17 1904Signature and residence
of person making return. }
Samuel Boese
Southboro Mass.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Oct 9. 1904

Full Name of Child, . .

Ethel Moley

Sex, Color and if Twin, .

Female White Turie

Place of Birth,

Sonchton near

Full Name of Father, .

Michael R Moley

Maiden Name of Mother.

Johanna Brenn

Residence of Parents, . . .

Southbro memo

Occupation of Father, . .

Those Operative

Birthplace of Father, . .

South bro river

Birthplace of Mother, . . .

Methodo Amero

Dated at

Drutkows Mrs Aug 14 1904

Signature and residence
of person making return.

Lowell Bocan
Fulthron more

Fourth and Main

No.

Commonwealth of Massachusetts.

[EXTRACT FROM CHAPTER 29, REVISED LAWS.]

SECTION 13. The clerk of each city and town shall forthwith make certified copies of the records of all births * * * recorded during the previous month, if * * * the parents of the child born were residents of any other city or town in this commonwealth or in any other state at the time of said birth * * * , and transmit them to the clerk of the city or town of which such * * * parents were residents at the time of said birth * * * , stating, if practicable, the name of the street and number of the house, if any, where such * * * parents * * * so resided; and the clerk of a city or town in this commonwealth * * * so receiving such certified copies, or certified copies * * * from the clerk of a city or town without the commonwealth, shall record the same.

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

BIRTH

recorded in the books of the City of Somerville

(City or town.)

during the month of February 1905.

1. Date of Birth, . . . November 9, 1904.

2. Full Name of Child, . . Marshall Henry Jones

3. Sex, Color and if Twin, . Male - white

4. Place of Birth, . . . Southboro, Mass.

5. Residence of Parents, . . Southboro, Mass.

6. Name of Father, . . . Claude Perry Jones

7. Occupation of Father, . . Physician

8. Birthplace of Father, . . E. Boston, Mass.

9. Maiden Name of Mother, Hattie Kemp

10. Birthplace of Mother, . . Bucklin, Mo.

I certify that the foregoing is a true copy.

Attest:

Frederic H. Cook

February 9, 1905.

Asst. City Clerk.
(City or town.)

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Nov 9 1904
Full Name of Child, . . .	Thomas Herbert Tude
Sex, Color and if Twin, . .	Male White
Place of Birth,	Cordaville Mass
Full Name of Father, . . .	Thomas Hippaldi Tude
Maiden Name of Mother, . .	Clara La Duke
Residence of Parents, . . .	Cordaville Mass
Occupation of Father, . . .	Blacksmith
Birthplace of Father, . . .	Canada
Birthplace of Mother, . . .	Mass

Dated at Southboro Mass Nov 14 1904

Signature and residence
of person making return.Samuel Bacon
Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Nov 17 1904
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Female White
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	Charles E. Corbett
Maiden Name of Mother, . .	Marion Barnes
Residence of Parents, . . .	Southboro
Occupation of Father, . . .	Agent
Birthplace of Father, . . .	Woodstock
Birthplace of Mother, . . .	Marlboro Mass.

Dated at Southboro Mass Dec 4 1904

 Signature and residence
 of person making return.

 Homer Bacon
 Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Nov 29 1904
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Female White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	William Ruddy
Maiden Name of Mother, .	Katie Egan
Residence of Parents, . . .	Southboro Mass
Occupation of Father, . . .	Supt. of Water Works
Birthplace of Father, . . .	Franklin Mass
Birthplace of Mother, . . .	" "

Dated at Southboro Mass Dec. 9 1904

Signature and residence
of person making return.J. Bacon
Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Dec 3 1904
Full Name of Child, .	Annie Carey
Sex, Color and if Twin, .	Female White
Place of Birth,	Southboro Mass
Full Name of Father, .	William Henry Carey
Maiden Name of Mother, .	Catherine Sullivan
Residence of Parents, .	Sayville Mass
Occupation of Father, .	Eng Man N.Y. N.H. & C.
Birthplace of Father, .	Cambridge Mass
Birthplace of Mother, .	Ireland Cork Co.

Dated at Ashland Mass Dec 3 1904

Signature and residence
of person making return.

D. M. Wood Md

Ashland Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Dec. 22 1904

Full Name of Child,

Sex, Color and if Twin,

Female, White

Place of Birth,

Southboro^{Southville} Mass

Full Name of Father,

Carl Victor Flood

Maiden Name of Mother,

Eva Svensen

Residence of Parents,

Southville Mass

Occupation of Father,

Napper in Woolen Mill

Birthplace of Father,

Sweden

Birthplace of Mother,

Sweden

Dated at

Ashland Mass Dec 22 1904

Signature and residence
of person making return. }D. M. Wood MD
Ashland Mass

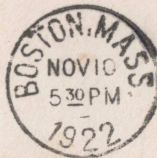
Church of the Sacred Heart

Missionary Institute of the St. Charles Borromeo

12 North Square

Boston 16, - Mass.

TELEPHONE RICHMOND 0906



Mr. Devilio Baldelli

Box 68

Fayville Mass.

Church of the Sacred Heart - North Sq.

Missionary Fathers of St. Charles Borromeo

" BIRTH CERTIFICATE "

Boston, Mass., 10 November 1922

It is to certify that Dorilio Baldelli
of Giuseppe and Vittoria Travagliini
was born 9 July 1904
Was baptized 15 September 1904

The Parish Priest
Rev. Eusebio Desiderio

